

West Jefferson Middle School Vaping Contract

I, _____, was caught vaping or in the possession of a vape pen at school on _____. I will be required to create educational items that will educate me on the risks of vaping. I understand that if I am caught vaping or in possession of a vape pen at school again that I will be suspended. (All suspensions go on your permanent record)

Student Signature

Date

I, _____, the parent/guardian of _____ will discuss the vaping incident with my son/daughter.

I commit to helping him/her to quit vaping and using nicotine. I understand that my student will be suspended from school in the event that vaping or being in possession of a vape pens occurs again.

Parent Signature

Date